Under the Paperwork Reduction Act of 19 TRANSMITTAL FORM (to be used for all correspondence after inite Total Number of Pages in This Submission	Application Number Filing Date First Named Invento Art Unit Examiner Name	06/21/2001 DELACK, Elaine A. 1616 PRYOR, Alton
	ENCLOSURES (Che	eck all that apply)
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Paper Petition Petition to Convert to a Provisional Application Power of Attorney, Rev Change of Correspond Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table Remarks	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard
Firm Name	ATURE OF APPLICANT, A	ATTORNEY, OR AGENT
TODD N. HATHAWAY, Signature Printed name TODD N. HATHAWAY	ATTORNEY-AT-LAW P.S.	7
Date () O	1 \$5 1	Reg. No. 32,991
I hereby certify that this correspondence is sufficient postage as first class mail in an ethe date shown below:	DERTIFICATE OF TRANSITE being facsimile transmitted to the nvelope addressed to: Commission	MISSION/MAILING USPTO or deposited with the United States Postal Service with oner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

HEATHER M. OLSON

Typed or printed name

Date

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL		Complete if Known			
		Application Number	09/887,832		
FEE TRANSMITTAL For FY 2005			Filing Date	06/21/2001	
			First Named Inventor	DELACK, Elaine A.	
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	PRYOR, Alton	
			Art Unit	1616	
TOTAL AMOUNT OF PAYMENT (\$) 225.00		225.00	Attorney Docket No.	P0136	
METHOD OF PAYMENT (chec	k all tha	at apply)			

TOTAL AMOUNT OF PAYE	MENI (\$) 2	25.00	Attorney Dock	et No. P01	36	
METHOD OF PAYMENT (check all that apply)							
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-1254 Deposit Account Name: TODD N. HATHAWAY For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be Included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION						-	
1. BASIC FILING, SEAR Application Type		FEES Small Entity	SEAR!	RCH FEES Small Entity	. 3	ATION FEES Small Entity	Fees Paid (\$)
Utility	300	<u>Fee (\$)</u> 150	<u>Fee (\$</u> 500	250	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	rees raid (3)
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	• 150	500	250	600	300	
Provisional	200	100	. 0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						100 180	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x = 4. OTHER FEE(S)					== Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2-pionth extension fee					225.00		

SUBMITTED BY	it chill			
Signature	/ M/1/1/6	T	Registration No. (Attorney/Agent) 32,991	Telephone 360-647-1976
Name (Print/Typ	TODO N. HATHAWAY			Date LOVES

This collection of information is required by \$7 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form add/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.